

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**68-015940**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

520

STATE FILE NUMBER

**FILED APR 20 1963**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph,</b>		c. CITY OR TOWN <b>St. Joseph,</b>	
Length of stay in 1b <b>42 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. Joseph's Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>1808 South 28th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>ROY</b> Last <b>JONES</b>		4. DATE OF DEATH Month <b>April</b> Day <b>20,</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 1, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice-Pres.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Commission Co. No. Livestock</b>	
11a. FATHER'S NAME <b>(Unknown)</b>		11b. MOTHER'S MAIDEN NAME <b>(Unknown)</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		12b. SOCIAL SECURITY NO.	
13. INFORMANT <b>Son</b>		14. NAME OF HUSBAND OR WIFE <b>Phyllis Anita Jones</b>	
15. ADDRESS <b>Mr. Phillip L. Jones-St. Joseph, Mo.</b>		16. INTERVAL BETWEEN ONSET AND DEATH <b>6 months+</b>	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hemiplegia - massive</b> DUE TO (b) <b>Carcinoma of Lung</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis Generalized</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:00</b> a.m. <b>PM</b> Month, Day, Year <b>2-2-53</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>St. Joseph, Mo</b>	
21. I attended the deceased from <b>2-2-53</b> to <b>4-20-63</b> and last saw her alive on <b>4-17-63</b> Death occurred at <b>11:00 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Irvin Rosenthal MD</b>	
22b. ADDRESS <b>St. Joseph, Mo</b>		22c. DATE SIGNED <b>4-22-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 23, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b>		24. FUNERAL DIRECTOR <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>April 25, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodall</b>	

DOCUMENT

BY AFFIDAVIT OF **I. J. Rosenthal (MD)**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit issued 4-23-63

2112  
2112

0 9 1 2

0 2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond A. Lane

Licensed Embalmer No. 5147

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.